

the emergency, complete and comprehensive follow-up ultrasound studies can be appropriately done by radiology department personnel.

Radiologists perform admirably in comprehensive ultrasonography. Likewise, cardiologists, obstetricians, and trauma surgeons effectively use limited ultrasonography for specific purposes. Joining this group are emergency and other primary care physicians who can effectively use this valuable technology in a specific, limited, and immediate manner.

Courses in emergency ultrasonography are not intended to substitute for a radiology residency. They do, however, provide emergency or primary care physicians valuable information about a patient that on-call ultrasonography cannot. If ultrasonography is to be the stethoscope of the 21st century, we must allow equity in its use.

STEVEN J. SAINSBURY, MD  
Emergency Department  
Twin Cities Community Hospital  
1100 Las Tablas Rd  
Templeton, CA 93454

## Silicone Implants in Men

TO THE EDITOR: Teuber and colleagues in the May 1995 issue of *THE WESTERN JOURNAL OF MEDICINE*<sup>1</sup> address a problem that has been extensively studied and reported in the medical press, the national lay press, and other media. The extensive silicone gel implantation in men, however, which also began in the early 1960s, has all but been ignored. There exist as many as 400,000 testicular silicone implants, with initial implantations done more than 30 years ago. Would it not behoove the investigators to include men in their future investigations of silicone and their outcome-oriented studies?

DAN S. SMITH, MD  
5565 Grossmont Center Dr, Ste 120  
La Mesa, CA 91942

### REFERENCE

1. Teuber SS, Yoshida SH, Gershwin ME: Immunopathologic effects of silicone breast implants. *West J Med* 1995; 162:418-425

## Congenital Malaria in Twins

TO THE EDITOR: Balatbat and colleagues, in their interesting report (in the May issue of the journal) of malaria in a young twin,<sup>1</sup> suggest that congenital malaria may remain "relatively rare" because of underreporting. Certainly, it is difficult to diagnose, and thus report, "classic" congenital malaria in endemic areas. As described by the authors, a classic presentation of congenital malaria includes fever, anemia, and splenomegaly during the second month of life. For children with such presentations in malaria-endemic areas of the world, it would not be possible to differentiate cases of congenital malaria from those acquired from mosquitoes. The diagnosis and reporting of such cases are thus limited to areas of the world where malaria does not usually occur.

The authors refer to the "rarity of congenital transmission" of malaria.<sup>1</sup> Actual transplacental transmission

of *Plasmodium* is not uncommon, however. Reports show that as many as 29% of newborns in tropical Africa may be born with malaria.<sup>2</sup> Many of these children remain asymptomatic, but neonatal malarial infection has been associated with fever and death.<sup>3</sup>

Indeed, the question of malaria in newborn twins has not been well studied. This report prompted us to review recent data from an ongoing study of congenital malaria in Zaire. There were five pairs of twins among 337 births. Each mother of twins took prophylactic chloroquine and was smear-negative at delivery. Overall, 14 (4.2%) newborns had cord blood smears positive for malaria. One (10%) of the twins, the first twin born to a woman in whom fever developed and who had a positive malaria smear on the second postpartum day, had a positive smear. Multiple gestation was not significantly associated with the presence or absence of congenital malaria ( $\chi^2 = .88$ ;  $P = .35$ ). Pending larger studies, these initial data confirm that the congenital transmission of malaria to twins may be discordant and suggest that the frequency of prenatal transmission of malaria to twins is not substantially different from that to singletons.

PHILIP R. FISCHER, MD  
Department of Pediatrics  
University of Utah  
50 N Medical Dr  
Salt Lake City, UT 84132

PAUL NYIRJESY, MD  
Department of Obstetrics, Gynecology,  
and Reproductive Sciences  
Temple University School of Medicine  
Philadelphia, PA

REMY M. TOKO, MD  
Centre Medical Evangelique  
Nyankunde, Zaire

### REFERENCES

1. Balatbat ABN, Jordan GW, Halsted C: Congenital malaria in a nonidentical twin. *West J Med* 1995; 162:458-459
2. Larkin GL, Thuma PE: Congenital malaria in a hyperendemic area. *Am J Trop Med Hyg* 1991; 45:587-592
3. Nyirjesy P, Kavasya T, Axelrod P, Fischer PR: Malaria during pregnancy: Neonatal morbidity and mortality and the efficacy of chloroquine chemoprophylaxis. *Clin Infect Dis* 1993; 16:127-132

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## Drs Balatbat, Jordan, and Halsted Respond

TO THE EDITOR: We are grateful that Drs Fischer, Nyirjesy, and Toko have shared their larger experience on congenital malaria. Certainly in malaria-endemic areas of the world, it would be much more difficult to differentiate congenital malaria from mosquito transmission following delivery. Mosquito transmission of malaria in California has been documented occasionally. This was not known to have occurred in the Yuba City area at the time that our patient was seen. A large group of immigrants from Punjab, India, inhabit a farm community in the Yuba City area. With the travel of these persons and their families to and from India and the occasional relapse of malaria after long periods, this disease is not infrequently seen at the Sacramento Medical Center in both adults and children.